



## GEORGIA DRUG CONTROL UPDATE

*This report reflects significant trends, data, and major issues relating to drugs in the State of Georgia.*

### Georgia At-a-Glance:

- Approximately 7 percent of Georgia residents reported past-month use of illicit drugs; the national average was 8 percent.
- The number of meth lab seizure incidents in Georgia increased 91%, from 67 incidents in 2007 to 128 incidents in 2009, according to data from the El Paso Intelligence Center's National Seizure System (EPIC-NSS).
- Cocaine is the most commonly cited drug among primary drug treatment admissions in Georgia.
- The rate of drug-induced deaths in Georgia is lower than the national average.

## Drug Use Trends in Georgia

**Drug Use in Georgia:** The National Survey on Drug Use and Health (NSDUH) provides national and state-level data on the use of tobacco, alcohol, illicit drugs (including non-medical use of prescription drugs) and mental health in the United States. In the most recent Survey, 7.27 percent of Georgia residents reported using illicit drugs in the past month. The national average was 8.02 percent. Additionally, 3.07 percent of Georgia residents reported using an illicit drug other than marijuana in the past month. (The national average was 3.58 percent.)

*Source:* Substance Abuse and Mental Health Services Administration - State Estimates of Substance Use from the 2007–2008 National Survey on Drug Use and Health: <http://oas.samhsa.gov/2k8state/Cover.pdf>

**Drug-Induced Deaths:** As a direct consequence of drug use, 973 persons died in Georgia in 2007. This is compared to the number of persons in Georgia who died from motor vehicle accidents (1,745) and firearms (1,244) in the same year. Georgia drug-induced deaths (10.2 per 100,000 population) were lower than the national rate (12.7 per 100,000).

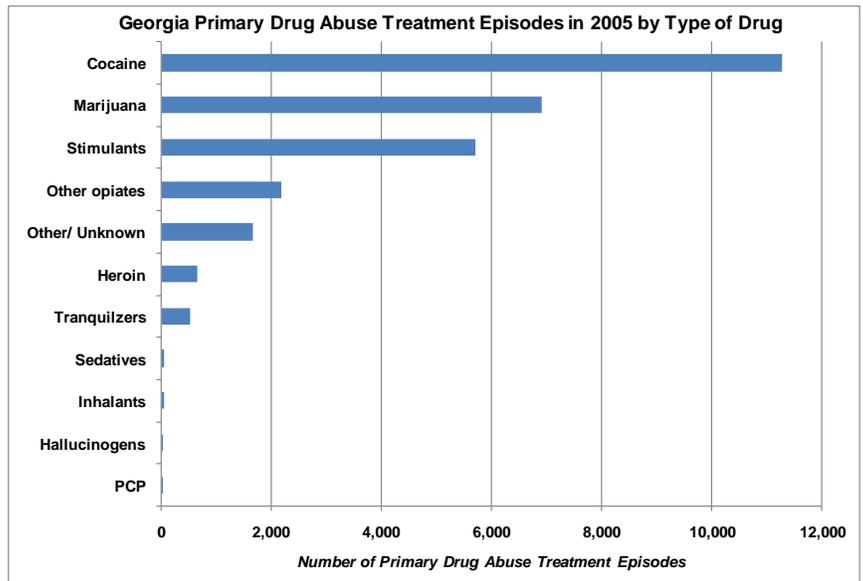
*Source:* Centers for Disease Control and Prevention - National Vital Statistics Reports Volume 58, Number 19 for 2007: [http://www.cdc.gov/nchs/data/nvsr/nvsr58\\_19.pdf](http://www.cdc.gov/nchs/data/nvsr/nvsr58/nvsr58_19.pdf)

## Substance Abuse Treatment Admissions Data

### Georgia primary treatment admissions:

The graph at right depicts substance abuse primary treatment admissions in Georgia in 2005. The data show cocaine is the most commonly cited drug among primary drug treatment admissions in Georgia.

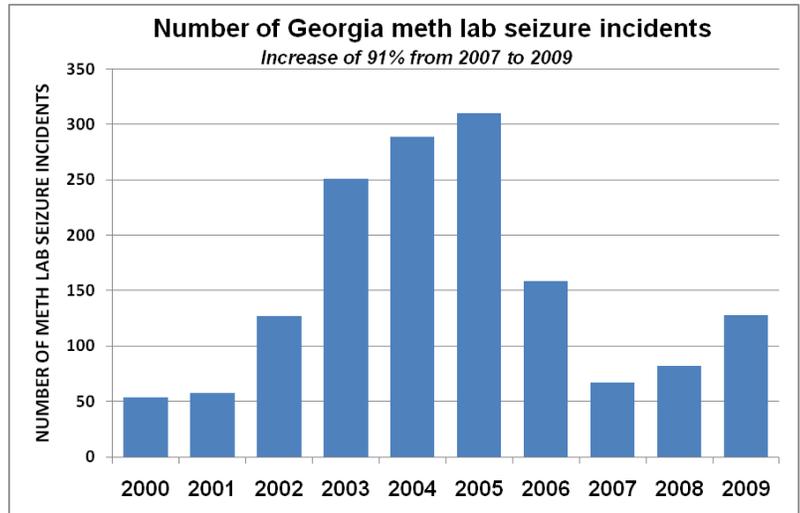
*Source:* Treatment Episode Data Set, Substance Abuse and Mental Health Services Administration: <http://oas.samhsa.gov/dasis.htm>



## Methamphetamine Lab Seizure Data

**Methamphetamine Seizures:** Nationwide, methamphetamine lab seizures declined drastically following the 2005 Federal Combating Methamphetamine Epidemic Act (CMEA) and similar state laws to control the sale of pseudoephedrine (PSE). Recently, the number of meth labs seized has risen due to “smurfing,” which is the bulk purchase of PSE for non-therapeutic reasons, and due to smaller, more mobile “one-pot” labs. Nationwide, meth lab seizures rose 76% between 2007 and 2009. Meth lab seizures in Georgia have mirrored this overall trend, rising 91% from 2007 to 2009.

Source: EPIC, NSS, extracted



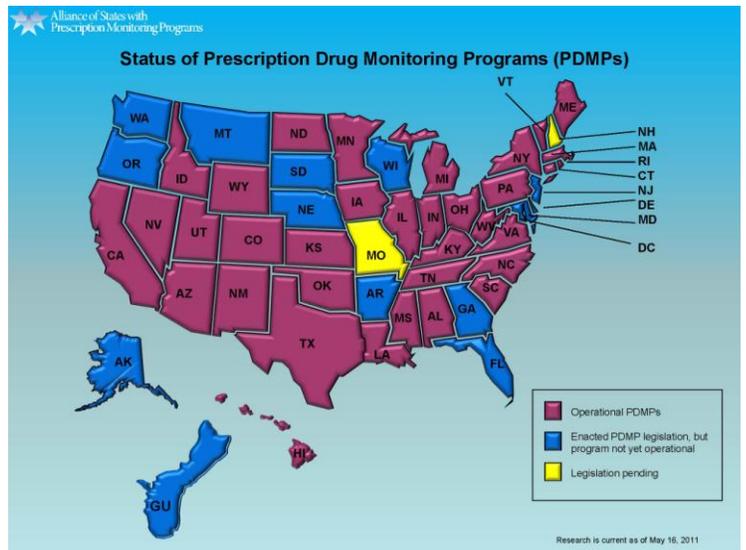
### Example of State-Level Action: Return pseudoephedrine to prescription-drug status

Facing a steep increase in meth lab incidents, the state of Oregon returned medicines containing PSE to prescription-drug status in 2006. Several years later, the results are promising, with meth lab incidents declining from a high of 467 in 2004 (prior to enactment of the bill) to 12 in 2009 and Oregon officials reporting a virtual “eradication” of smurfing and meth labs. Experiencing a similar rise in meth lab production and trafficking, Mississippi enacted similar legislation, which took effect on July 1, 2010. Mississippi reports that after six months, there has been a nearly 70 percent reduction in meth-related cases statewide.

## Prescription Drug Abuse

### ONDCP’s Efforts to Combat Prescription Drug Abuse

Prescription drug abuse is the fastest-growing drug problem in the Nation. The Administration’s Prescription Drug Abuse Prevention Plan, entitled, “**Epidemic: Responding to America’s Prescription Drug Abuse Crisis,**” provides a national framework for reducing prescription drug diversion and abuse by supporting the expansion of state-based prescription drug monitoring programs; recommending secure, more convenient, and environmentally responsible disposal methods to remove expired, unused, or unneeded medications from the home; supporting education for patients and healthcare providers; and reducing the prevalence of pill mills and doctor shopping through enforcement efforts.



### State-Level Action: Prescription Drug Monitoring Programs (PDMPs)

PDMPs track controlled substances prescribed by authorized practitioners and dispensed by pharmacies. PDMPs serve a number of functions, including assisting in patient care, providing early warning signs of drug epidemics, and detecting drug diversion and insurance fraud. Thirty-five states have operational PDMP programs established by state legislation and funded by a combination of state and Federal funds. An additional

13 states have a prescription drug monitoring program authorized, but not yet operational. Adequate resourcing, increasing the number of states with operational PDMPs, and development of state-to-state information-sharing systems would significantly help reduce prescription drug diversion and abuse.

On May 16, Governor Nathan Deal signed **SB 36**, authorizing the establishment of a Prescription Drug Monitoring Program to monitor the prescribing and dispensing of Schedule II-V controlled substances. Georgia's PDMP will be overseen by the Georgia Drugs and Narcotics Agency.

Source: [http://www1.legis.ga.gov/legis/2011\\_12/sum/sb36.htm](http://www1.legis.ga.gov/legis/2011_12/sum/sb36.htm)

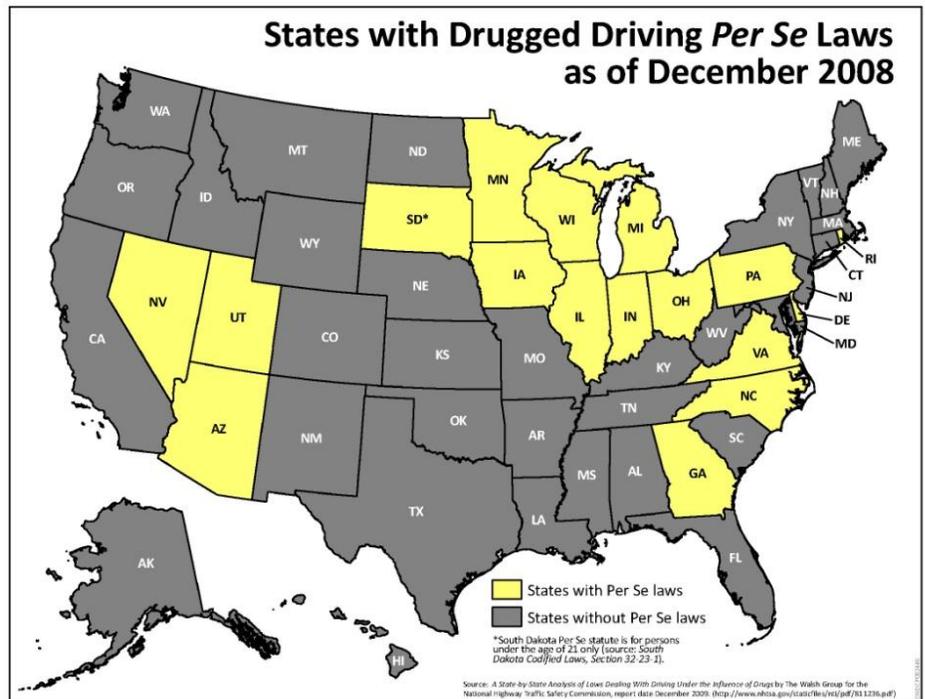
### **State-Level Action: Drug Take-Back Programs**

A comprehensive plan to address prescription drug abuse must include proper disposal of unused, unneeded, or expired medications. Providing individuals with a secure and convenient way to dispose of controlled substances will help prevent diversion and abuse of these substances and demonstrate sound environmental stewardship. Federal rulemaking is underway and will further enhance the viability and scope of state and community take-back programs. In the meantime, states are encouraged to work with the DEA to conduct additional take-back events and educate the public about safe and effective drug return and disposal.

## Drugged Driving

### **ONDCP Action on Drugged Driving**

In 2007, the National Highway Traffic Safety Administration (NHTSA) found that one in eight weekend, nighttime drivers tested positive for illicit drugs. According to recent Fatal Accident Reporting System (FARS) data, one in three motor vehicle fatalities (33 percent) with known drug test results tested positive for drugs in 2009. Recognizing this growing problem, ONDCP is working to raise awareness of the dangers of drugged driving, provide increased training to law enforcement in identifying drugged drivers, and encourage states to consider *Per Se* laws to facilitate effective enforcement and prosecution of those who drive with drugs in their systems.



### **State-Level Action: Enacting *Per Se* Standards for Impairment**

Although all 50 states have laws against drugged driving, law enforcement often lacks adequate tools to enforce and prosecute drugged driving. ONDCP encourages states to consider *Per Se* standards for impairment that make it illegal to drive a vehicle after taking illegal drugs. This is the same standard used successfully for 12 million commercial drivers in the United States over the past two decades. *Per Se* standards have been adopted in 17 states. **Under Georgia's Zero-Tolerance (*Per Se*) Law**, Section 40-6-391 (a), a person shall not drive or be in actual physical control of any moving vehicle in Georgia while under the influence of any drug, glue, aerosol or other toxic vapor, marijuana, or any controlled substance to the extent that it is less safe for the

person to drive. The law applies if there is any amount of marijuana or controlled substance, including their metabolites and derivatives, in the person's blood or urine.

Source: *A State-by-State Analysis of Laws Dealing With Driving Under the Influence of Drugs*, by the Walsh Group for the National Highway Traffic Safety Administration.

## ONDCP Support for Community-Based Prevention

### The Drug Free Communities (DFC) Program

Recognizing that local problems require local solutions, Drug Free Communities (DFC) organizations mobilize communities to prevent youth drug use by creating local data-driven strategies to reduce drug use in the community. ONDCP works to foster the growth of new coalitions and support existing coalitions through the DFC grants. In FY 2011, the following Georgia coalitions received grants from ONDCP:

- Bryan County Drug Free Coalition
- Bulloch County Board of Education
- Cook County Drug Free Communities
- Drug Free Coalition of Hall County
- Drug Free Forsyth Coalition
- Gwinnett Coalition for Health and Human Services
- H.E.A.R.T. Coalition, Inc. (Atlanta)
- Toombs County Board of Commissioners
- Troup County Prevention Coalition

Source: Office of National Drug Control Policy  
[http://www.ondcp.gov/dfc/grantee\\_map.html](http://www.ondcp.gov/dfc/grantee_map.html)

### National Anti-Drug Media Campaign

ONDCP's National Youth Anti-Drug Media Campaign provides consistent and credible messages (including in Native American and Alaska Native communities) to young people about drug use and its consequences. *Above the Influence*, a major component of the Campaign, informs and inspires youth to reject illicit drugs and drinking via a mix of national and local advertising vehicles. The Campaign, in close partnership with local community-based, youth-serving organizations, also conducts teen-targeted *Above the Influence* activities to assist local groups with youth drug prevention work in their respective communities.

## ONDCP High Intensity Drug Trafficking Area (HIDTA) County Info

The High Intensity Drug Trafficking Areas (HIDTA) program enhances and coordinates drug control efforts among local, state, and Federal law enforcement agencies. In designated HIDTA counties, the program provides agencies with coordination, equipment, technology, and additional resources to combat drug trafficking and its harmful consequences in critical regions of the United States.

### HIDTA Counties in Georgia:

**Atlanta HIDTA:** City of Atlanta; Hartsfield-Jackson Atlanta International Airport; Barrow, Bartow, Cherokee, Clayton, Cobb, Douglas, Fayette, Forsyth, Fulton, Gwinnett, Henry, and DeKalb counties.

- The primary focus of the Atlanta HIDTA initiatives continues to be investigating the operations of the Mexican-based drug cartels. Cells tied to La Familia, the Arturo Beltran Leyva Organization, the Sinaloa Cartel, the Juarez Cartel, and the Gulf Cartel/Zetas have established the Atlanta HIDTA area as the primary distribution center for illicit narcotics throughout the Eastern United States and the control center for moving illicit proceeds back to Mexico.
- In 2010, the Atlanta HIDTA formed a pharmaceutical advisory committee to provide resources and address the significant prescription drug abuse problems in designated counties of Georgia and North Carolina.
- The Atlanta HIDTA hosts an annual prevention conference to provide a unique opportunity for law enforcement, treatment providers, and drug demand reduction professionals to learn about developing trends, changes, or anomalies that better prepare the community to set priorities, prepare for coming issues, and build relationships across the community involved with drug abuse

## Federal Grant Awards Available to Reduce Drug Use in the State of Georgia

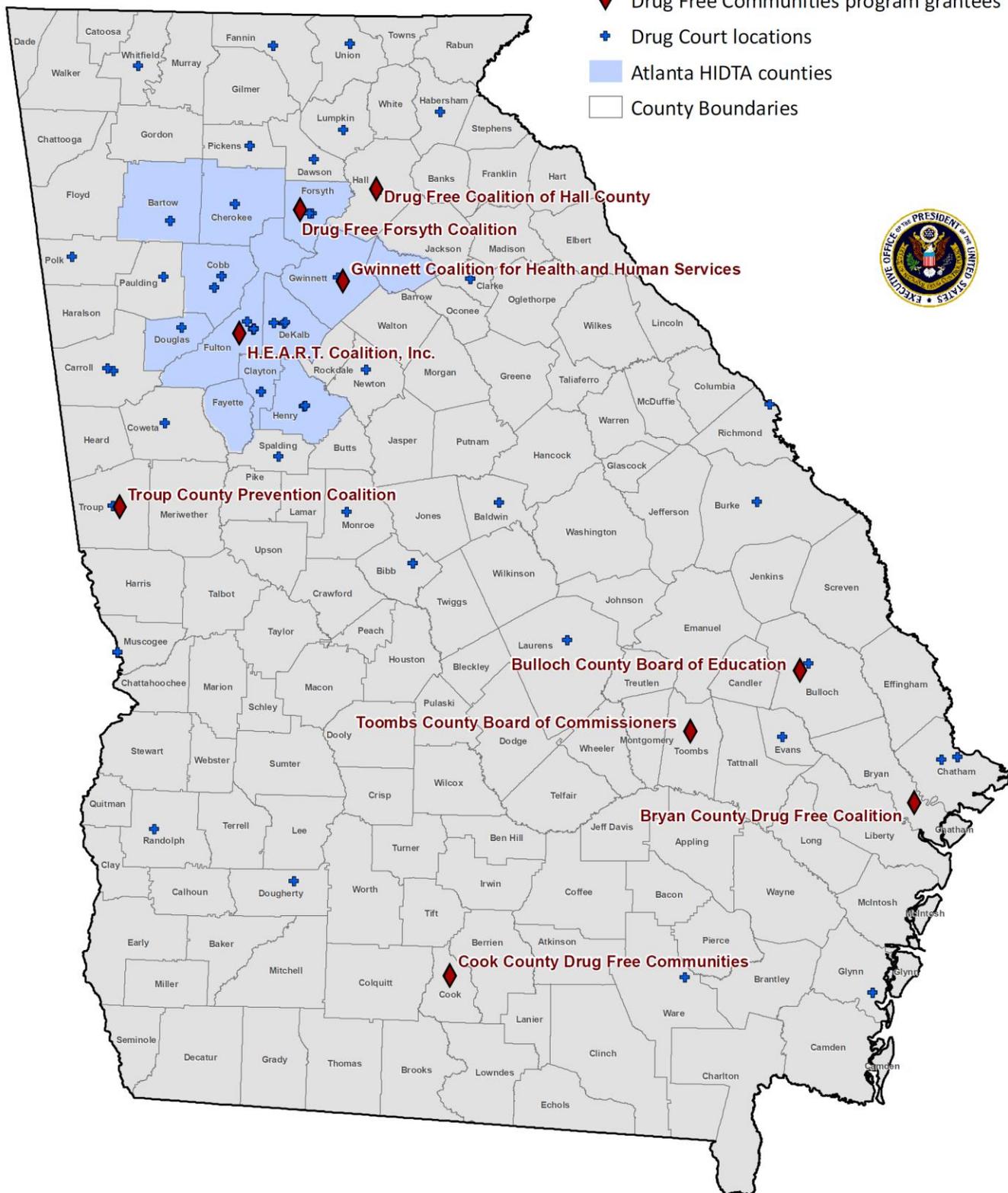
The Federal Government awards competitive grants to help states in their efforts to reduce drug use and its harmful consequences. In FY 2010, direct support was provided to state and local governments, schools, and law enforcement organizations in your state for this purpose. Some Federal grant programs are dedicated to reducing drug use and its harmful consequences while others can be used for reducing drug use or for other purposes. In FY 2010, your State received support under the grant programs shown below.

Federal Grant Awards		2010
<b>Department of Education</b>		
<b>Safe and Drug-Free Schools and Communities_National Programs</b>		<b>8,449,258</b>
Alcohol Abuse Reduction Grants		1,813,956
Building State And Local Leadership Capacity for Preventing Youth Substance Use and Violence		185,000
Competition To Prevent High-Risk Drinking & Violent Behavior Among College Students		146,128
Safe Schools/Healthy Students Grants		6,304,174
<b>Department of Health and Human Services</b>		
<b>Administration for Children and Families</b>		<b>16,245,841</b>
Enhance the Safety of Children Affected by Parental Methamphetamine or Other Substance Abuse		500,000
Mentoring Children of Prisoners		2,528,361
Promoting Safe and Stable Families		13,217,480
<b>Centers for Disease Control and Prevention</b>		<b>579,663</b>
HIV Prevention Activities_Non-Governmental Organization Based		579,663
<b>Health Resources and Services Administration</b>		<b>3,364,295</b>
Healthy Start Initiative		3,364,295
<b>National Institutes of Health</b>		<b>20,327,531</b>
Discovery and Applied Research for Technological Innovations to Improve Human Health		6,160,510
Drug Abuse and Addiction Research Programs		14,167,021
<b>Substance Abuse and Mental Health Services Administration</b>		<b>69,456,869</b>
Block Grants for Prevention and Treatment of Substance Abuse		50,698,151
Projects for Assistance in Transition from Homelessness (PATH)		1,518,000
Substance Abuse and Mental Health Services_Projects of Regional and National Significance		17,240,718
<b>Department of Housing and Urban Development</b>		
<b>Assistant Secretary for Community Planning and Development</b>		<b>9,005,400</b>
Shelter Plus Care		9,005,400
<b>Assistant Secretary for Housing--Federal Housing Commissioner</b>		<b>(1,107,792)</b>
Shelter Plus Care		(1,107,792)
<b>Department of Justice</b>		
<b>Office of Justice Programs</b>		<b>71,685,813</b>
Community Capacity Development Office		471,000
Congressionally Recommended Awards		1,800,000
Criminal and Juvenile Justice and Mental Health Collaboration Program		247,875
Drug Court Discretionary Grant Program		678,296
Edward Byrne Memorial Justice Assistance Grant Program		17,815,752
Enforcing Underage Drinking Laws Program		356,400
Juvenile Accountability Block Grants		3,758,751
Juvenile Mentoring Program		41,421,104
Recovery Act - Edward Byrne Memorial Justice Assistance Grant (JAG) Program		60,878
Residential Substance Abuse Treatment for State Prisoners		967,679
Second Chance Act Prisoner Reentry Initiative		2,064,319
Tribal Youth Program		2,043,759
<b>Executive Office of the President</b>		
<b>Office of National Drug Control Policy</b>		<b>5,938,594</b>
High Intensity Drug Trafficking Area Program		5,938,594
<b>Substance Abuse and Mental Health Services Administration</b>		<b>1,122,199</b>
Drug-Free Communities Support Program Grants		1,122,199
<b>Grand Total</b>		<b>205,067,671</b>

**Note:** Report as of 11/30/2010. FY 2009 includes additional grant awards under the Recovery Act. The Federal, State and Local Shares of Medicaid and the Federal Medicare Programs are not included above. File updated 07/13/2011.

# Office of National Drug Control Policy Programs in Georgia

- ◆ Drug Free Communities program grantees
- ✚ Drug Court locations
- Atlanta HIDTA counties
- County Boundaries



Source: National Drug Court Institute and ONDCP, September 2011

ONDCP022845